LOUISIANA QUALITY INNOVATION GRANTS
Third Grant Cycle
10/14/2014

Louisiana Department of Health & Hospitals

Office of Aging and Adult Services

What is the purpose of the grant?

The purpose of the grant is to present a means of enhancing the environment in your nursing home for your residents, staff and visitors by targeting improvement in resident life and care.

What grants were funded in the first and second cycles?

- 20 grants were approved for funding.

- Total funding was $200,000 in each cycle.

- Grants ranged from $10,100 to $19,500.

- 13 grants were for the It's Never 2 Late program.

Funded Grants—First & Second Grant Cycle Cont.

Other grants included:

- Connection 3, a hands-on interactive technology program designed to improve community connections and communication.

- Apple Blossom Café- a socialization area that offers more choices for drinks and snacks and reduces weight loss and the supplement use.

- Resident Spa Retreat (2) as part of a person-centered approach to bathing.

Other grants cont.

- My InnerView, Resident Satisfaction Program

- Real Foods First Snack Program

- Perfect Pitch Resident Music Program

What requirements must grants meet?

- Projects must benefit nursing home residents.

- Other facilities must be able to duplicate projects.

- Projects must be affordable.

- Goals of the project must be clearly stated and be measurable.

- Projects must be sustainable beyond the grant period.

What have we learned from the 1ˢᵗ & 2ⁿᵈ cycle?

- Grants are having a positive impact on residents, staff and families.

  - "One resident has Alzheimer's and placing him in the new ice cream parlor has done wonders for him. He has gained weight, interacts appropriately with staff, residents and visitors, and is happy and thriving instead of surviving."

  - A therapist states that "the new computer program has truly enhanced my therapy sessions with my patients. As a therapist, this program has made my job easier and more fun, but the true reward is seeing my patients benefit and progress as a result."

What we have learned cont.

o A family member states "Thank you for helping mom use her email so that I can send her pictures of the kids."

o A resident stated "It brightens me up and makes me start thinking. When you get to be my age there is not a lot to do to work my mind. The computer is great for that."

o An administrator reports "numerous staff and families are excited to see us quantify areas of improvement and show measured results to everyone."

What we have learned cont.

- The grants aren't burdensome. Facilities have found ways to implement the grants that involve multiple disciplines and don't become the sole responsibility of any one department.

  - One 1st cycle grant recipient has established a policy that after each staff member has completed her/his daily responsibilities, she/he may assist residents who are using the computer equipment provided by the grant.

Overview of the application process:

- Applicants will complete two documents:
  - 1) the CMS Application Form
  - 2) the DHH Contract Budget Detail

- Grants must be approved by:
  - DHH: Office of Aging and Adult Services and the Health Standards Section;
  - CMS Regional Office; and
  - Division of Administration

Document 1

The CMS Application Form

Completing the CMS Application

- The Application Form itself is only 5 pages long.

- Application and supporting documents must not exceed 20 pages.

- For all <u>appendices</u>--
  - use Times New Roman, 12 point
  - include the nursing home name on each page
  - include page numbers on all documents

The CMS Application:

Application for CMP Funds   **CMS Region VI**

Date of Request	
Background Information	
Organization Name	
Address Line 1	
Address Line 2	
City, ST, ZIP code	
Tax Identification Number	
CMS Certification Number	
Name of Project Leader	
Address	
City, ST, ZIP code	
Internet E-mail Address	
Work Telephone	
Have other funding sources been applied for/and or granted for this proposal?	☐ Yes ☐ No
If yes, please explain and identify sources and amounts.	

The CMS Application cont.

Certified Nursing Home Requesting Use of CMP Funds

Name of Facility	
Address Line 1	
Address Line 2 (City, State, ZIP code)	
CMS Certification Number	
Date of Last Recertification Survey	
Highest Scope and Severity (A-L)	
Is the facility enrolled as a Special Focus Facility?	☐ Yes ☐ No
Is the facility currently participating in a Federal Systems Improvement Agreement?	☐ Yes ☐ No
Does the facility have an outstanding Civil Money Penalty?	☐ Yes ☐ No
Is the facility in bankruptcy or receivership?	☐ Yes ☐ No
Administrator's Name	
Owner of Provider Agreement	
Name of Management Company	
Chain Affiliation	
Chain Affiliation - Address	

NOTE: The entity is accountable and responsible for all Civil Money Penalty (CMP) funds entrusted to it. If a change in ownership occurs after CMP funds are given or during the course of the project completion, the project leader shall notify the Centers for Medicare & Medicaid Services (CMS) and the State within five (5) calendar days. The new ownership shall be disclosed as well as information regarding how the project shall be completed. A written letter regarding the change in ownership and its impact on the project supported by CMP funds shall be sent to CMS and the State.

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The CMS Application cont.

Project Category	
Place an "X" in front of the project category for which you are requesting CMP funding	
	Direct Improvement to Quality of Care
	Resident or Family Councils
	Culture Change / Quality of Life
	Consumer Information
	Transition Preparation (Discharge Planning)
	Training
	Resident Transition due to Facility Closure or Downsizing
	Other: Please Specify

For purposes of the Innovation Grants, we will not consider applications for:

- Consumer Information

- Transition Preparation

- Resident Transition due to Facility Closure or Downsizing

The CMS Application cont.

Project Title

Purpose and Summary
Summarize your proposal, introducing your organization and explaining the purpose of the project. Include the amount of funding you are requesting, the population it will serve and the need it will help solve. Include anticipated start date and duration of the project.

The CMS Application cont.

Expected Outcomes *(Measureable Goals/Objectives)*

Examples include:

- There will be a 25% increase in resident participation and activity level.

- There will be a 25% increase in the number of family interactions with residents.

- Residents will achieve a 50% reduction in the number of dietary supplements .

The CMS Application cont.

Project Abstract
Summarize the proposed project. The summary should describe the problem the project will attempt to address and any problems that might be encountered in the implementation of the project. Articulate the contingency plan to address the issues.

Program Description
Describe the project or program and provide information on how it will be implemented. Include information on what will be accomplished and the desired outcomes. Include a timeline which outlines benchmarks, deliverables and dates. Attach supplemental materials such as brochures, efficacy studies and peer review literature.

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The CMS Application cont.

Results Measurements
For each expected outcome *(goal/objective)* include a description of the methods by which the project results will be assessed **(include specific measures)**. Multi-year projects shall include a provision for submission of interim progress reports and updates from the project leader. Staff attending training shall articulate how knowledge/skills learned will be shared among other long term care employees and ultimately how the information will improve resident outcomes.
Quarterly reports regarding the progress of the project shall be submitted to CMS or the State. Reports to CMS must be submitted by the 10th day of the first month of the quarter.

- Measure the % increase in resident participation and activity level by creating a log that tracks residents by name and length of time spent in each activity. Compare data at the start of the program to data at Project Months 3, 6, 9 and 12.

- Measure the increase in staff and family interactions with residents by keeping a sign-in sheet for families who participate in group game activities. Compare data at the start of the program to data at Project Months 3, 6, 9 and 12.

- Measure the % reduction in dietary supplements by creating a log that records the daily consumption of dietary supplements by each resident. Compare data at the start of the program to data at Projects Months 3, 6, 9 and 12.

Unpaid Advertisement for QAPI

- The Results Measurement Section is an excellent place to think about any projects identified in your QAPI (or other Quality Assurance) process that could benefit from a small grant!

- Think about data you already collect and where you know you need improvement.

The CMS Application cont.

Benefits to Nursing Home (NH) Residents
Include a detailed description of the manner in which the project will directly benefit and enhance the well-being of nursing home residents.

Non-Supplanting | Non-Duplicative Statement
Describe how the project will not supplant existing responsibilities of the nursing home to meet Medicare/Medicaid requirements or other statutory and regulatory requirements.
CMP funds may not be used to pay entities to perform functions for which they are already paid by State or Federal sources.

Consumer/Stakeholder Involvement
Describe how the nursing home community (including resident and/or family councils and direct care staff) will be involved in the development and implementation of the project. Describe how the governing body shall lend support to the project.

The CMS Application cont.

Funding
Provide a narrative explanation of the costs, including the specific amount of CMP funds to be used for the project, the time period for such use, and an estimate of any non-CMP funds that the Sate or other entity expects to contribute to the project.

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- Limit request to $19,500.

- Itemize all expenses consistently with (but do not reference) the DHH Contract Budget Detail.
  - Note: The CMS Application and the DHH Contract Budget Detail go to separate reviewers to meet separate requirements.

- Clearly state the total amount of: (1) the project; and (2) amount of request.

- If your project will cost more than $19,500, or contains disallowed items, add a statement that the "Facility will pay for all expenses over the amount approved in the grant."

The CMS Application cont.

Involved Organizations

List contact name, address, internet e-mail address and telephone number of all organizations that will receive funds through this project. List any sub-contractors and organizations that are expected to carry out and be responsible for components of the project. Copies of contracts and subcontracts shall be available upon request to CMS and the State.

If you plan to use a trainer, include:
- A resume; or
- Other means of establishing qualifications (brochure, internet descriptions)

If you will use a contractor, include:
- A copy of the proposed contract; or
- A resume or other means of establishing qualifications

Document 2

The DHH Contract Budget Detail Form

Completing the DHH Contract Budget Detail Form

- Must be submitted as a changeable document—a scanned version is unacceptable.

- There are 8 categories on the form, only 4 are commonly used for these grants.

- Review the Guide to Completing the DHH Budget Form (posted on the OAAS website) for more information

Completing the DHH Contract Budget Form Cont.

- The following categories are commonly used:
  - Operating Services
    - Shipping
    - Licensing/Subscription

  - Supplies

  - Professional Services
    - Trainers
    - Subcontractors

  - Administrative
    - Certification
    - Installation fees

Completing the DHH Contract Budget Detail Form

- The following categories are not reimbursable/funding is uncertain:

  - Salaries and wages (CMS won't allow; if included, show 0% requested)

  - Related benefits (same as above)

  - Travel (Uncertain)

  - Capital Assets (Not Allowed)

DHH Contract Budget Detail cont.

Justification

- This box appears under each category and must be completed every time the category is filled in. Leave it blank when no funds in that category are requested.

- It should be a brief, further explanation of the need for the funds in the category.

DHH Contract Budget Detail cont.

(12) Travel !	Column 1 Total Amt Requested	Per Cent Requested From DHH	Column 2 Non DHH Funds	Column 3 Requested From DHH
Total				

Justification	Travel for 2 people for 3 days to [certain place]. Travel will be reimbursed within the guidelines established by the General Travel Regulations, State Policy and Procedure Memorandum #49.

Rev. 12/04

DHH CONTRACT BUDGET
SUMMARY BUDGET FOR THIS PERIOD

Attachment

Add NF Name

CONTRACTOR: _____ FROM: _____ TO: _____

Add dates Format: dd/mm/yy

CATEGORIES	OBJECT DETAIL	TOTAL AMOUNT REQUIRED	SOURCE OF FUNDS	
			APPLICANT AND OTHER	REQUESTED FROM DHH
SALARIES AND WAGES	(11)			
RELATED BENEFITS	(41)			
TRAVEL	(12)			
OPERATING SERVICES	(13)			
SUPPLIES	(14)			
PROFESSIONAL SVCS	(15)			
CAPITAL ASSETS	(16)			
ADMINISTRATIVE	(17)			
TOTAL COST				

Note: No data entry allowed in this item

Calculate Contract Total

Hit this button to autopopulate

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Submitting the Application

- Submit the CMS Application Form and the DHH Contract Budget Detail **electronically** (as email attachments) by **11/14/2014** to Ed Smith.

- Follow-up with Ed Smith if you do not receive a confirmation of receipt of your application by 11/18/14.

How are grants selected?

- A Review Committee will review proposed projects that meet criteria and decide which merit consideration for funding.

- Selected projects will be forwarded to CMS for approval.

What happens once a project has been selected?

- Successful applicants will be asked to enter into a Cooperative Endeavor Agreement (CEA) and to provide a Board Resolution.

- The CEA will include the activities described in the grant application.

- The CEA will begin on July 1, 2015 and will end on June 30, 2016.

How are the grant funds disbursed?

- This is a **COST REIMBURSEMENT** grant (funds will not be given lump sum upon approval).

- Payments will be made in four quarterly installments **upon receipt of invoices and quarterly reports** that have been approved by Ed Smith. Payment typically follows this schedule:

  - 50% of the total approved grant first quarter
  - 12% of the total approved grant second quarter
  - 12% of the total approved grant third quarter
  - 26% of the total approved grant fourth quarter

How will the grant be monitored?

Nursing Homes will submit four quarterly progress reports with seven (7) questions (some questions have multiple parts).

How will the grant be monitored cont.?

Quarterly Progress Report

- Question 1: Tell us how the budget is working.

    o Is the project on budget?

    o Total grant funds used to date: $_____

    o Compare the projected budget to expenses. Explain any variance and describe what is being done to align the project expense to the projected budget.

How will the grant be monitored cont.?

Quarterly Progress Report cont.

- Question 2: Tell us about the timeline.

  o Is the projected timeline being met?

  o Compare the project progress to the proposed timeline. Explain any variance and describe what is being done to align the timeline to the proposed timeline.

How will the grant be monitored cont.?

Quarterly Progress Report cont.

- Question 3: Tell us about how it is impacting residents.

  o How many residents have participated in the project?

  o Are the residents involved in the project as expected?
    o _____Yes   _____No

  o Is the project impacting the residents positively? Please give an example.

  o Explain any variances in resident participation from the proposal.

How will the grant be monitored cont.?

Quarterly Progress Report cont.

- Question 4: Tell us about who has been involved and ABOUT how much time.

  - List the title and the time spent by each person or group on this project over the past quarter:

    title_____approximate # of hours_____
    title_____approximate # of hours_____
    title_____approximate # of hours_____
    title_____approximate # of hours_____
    title_____approximate # of hours_____

How will the grant be monitored cont.?

Quarterly Progress Report cont.

- Question 5: Tell us the good news and bad news about costs.

    o Have you achieved any cost savings or incurred unexpected expenses through the implementation of this project?
    _____Yes   _____No

    o Cost savings realized: $_____
    In what areas?

    o Unexpected costs: $_____
    In what areas?

How will the grant be monitored cont.?

Quarterly Progress Report cont.

- Question 6: Tell us about how you are doing with the measurable objectives.

  o What measureable objectives included in your proposal have you achieved to date?

How will the grant be monitored cont.?

Quarterly Progress Report cont.

- Question 7: Tell us your favorite story.

  o Include anecdotal information and /or quotes from those impacted by the project (staff, residents, and/or visitors) that illustrates the success or impact of the project.

How will the grant be monitored cont.?

- In addition to the quarterly progress reports, grants will be monitored by:

    o Onsite visits by OAAS staff.

    o Comparing progress reports to the Scope of Activities in the Cooperative Endeavor Agreement (CEA).

    o Comparing progress reports to the approved budget.

IF YOU NEED ADDITIONAL INFORMATION

- For additional grant application information (see FAQ's).

- Direct all inquiries to:

  Ed Smith at

  Edward.Smith2@la.gov

  225-219-4435